MISSOURI STATE BOARD OF HEALTH Do not use this space. PHYSICIANS should state OCCUPATION is very important. BUREAU OF VITAL STATISTICS 33 CERTIFICATE OF DEATH 34602 1. PLACE OF DEATH County..... Registration District No..... File No..... Township... Primary Registration District No.: Registered No..... 2 (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred S. yrs. mos. How long in U. S., if of foreign birth? yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. ŞEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED. AGE should be **HUSBAND OF** (OR) WIFE OF DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at. The principal cause of death and related causes of importance were as follows: N. B.—Every item of information should be carefully supplied. AGE sh CAUSE OF DEATH in plain terms, so that it may be properly classified. 7. AGE **YEARS** DAYS MONTHS If LESS than 1 unni ormin. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... **OCCUPAT** 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 13. NAME Name of operation 14. BIRTHPLACE (CITY OF TOWN) What test confirmed diagnosis? (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15, MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or ini If so, specify 19. UNDERTAKĚ (ADDRESS) (Address) Registrar.

